

EXHIBIT “D”



SICK CALL REQUEST

7/6

Check one:

Dental

Medical ☒

Mental Health

Name:

(Print Name)

Tracy

Moore

Inmate I.D. Number

853-403

Social Security No.

Housing Unit:

B1-P4

Medical Problem (be specific):

lower lumbar

REQUESTING TO BE PUT BACK ON MY NOXON
MEDICATION (LORICET)

Inmate's Signature

[Signature]

Date: July 10, 2015 Time:

4:10 PM

FOR MEDICAL UNIT USE ONLY

Disposition:

seen

JUL 10 10:13 PM 10:03

Provider's Signature:

[Signature]

Date: 7/11/15

Time: 10:38 AM



SICK CALL REQUEST

Check one:

☐ Dental

☒ Medical

☐ Mental Health

Name: TRAY L MOORE SR.

(Print Name)

Inmate I.D. Number 853 403

Social Security No. 128 58 3950

Housing Unit: 62

Medical Problem (be specific):

INJURY TO BOTH FEET, REQUESTING
TO CONSULT WITH DOCTOR ABOUT POSSIBLE ASSISTED MOVEMENT

Inmate's Signature

Date: 7/18/13 Time: 9:35 AM

FOR MEDICAL UNIT USE ONLY

Disposition:

Conc

Provider's Signature:

Date: 7/23/13 Time: 7:11



SICK CALL REQUEST

Check one: _____ Dental _____ Medical ☒

Name: ROY L. MOORE SR. Inmate I.D. Number 8
(Print Name)

Social Security No. 168 3

Housing Unit: G2 C

Medical Problem (be specific): STILL SUFFERING FROM HEAD ACHE

PLEASE RENEW MOTRIN SCRIPT FOR MED LINE

Inmate's Signature [Signature] Date: 10/5/13 Time: 3:00 PM
FOR MEDICAL UNIT USE ONLY

Disposition: _____

Provider's Signature: [Signature] Date: 11/6/14 Time: 8:25



10/29/13

SICK CALL REQUEST

Check one:

☐ Dental

☒ Medical

☐ Mental Health

Name: TERY L MOORE Sr.

(Print Name)

Inmate I.D. Number 853403

Social Security No. 168 58 3950

Housing Unit: 32 CEU 18

Medical Problem (be specific): NEED ANTI FUNGAL CREAM RENEWED

Inmate's Signature [Signature]

Date: 10/29/13 Time: 2220

FOR MEDICAL UNIT USE ONLY

Disposition:

10/29/13
10/29/13
10/29/13

Provider's Signature: _____

Date: _____ Time: _____



SICK CALL REQUEST

Check one:

Dental

Medical ☒

Mental Health

Name:

(Print Name)

FOR L. MOORE SR.

Inmate I.D. Number

853 403

Social Security No. 168 58 3950

Housing Unit: 62 Cell 18

Medical Problem (be specific):

STILL SUFFERING FROM UPSET

STOMACH, PLEASE RESEND PERTO BISMAIL TABLETS

FOR MED LINE

Inmate's Signature

[Signature]

Date: 10/22/13

Time: 1:00 PM

FOR MEDICAL UNIT USE ONLY

Disposition:

Provider's Signature:

[Signature]

Date:

10/20/13

Time:

1:00 PM



SICK CALL REQUEST

Check one:

☐ Dental

☒ Medical

☐ Mental Health

Name: ROY L. MOORE SR.

(Print Name)

Inmate I.D. Number 853 403

Social Security No. 168-58-3950

Housing Unit: G2 Cell 18

Medical Problem (be specific):

PLEASE RENEW MY ANTI FUNGAL
FOOT CREAM FOR MEDICATION LINE,

THANK YOU

Inmate's Signature

[Signature]

Date: 10-17-13

Time: 8:00 AM

FOR MEDICAL UNIT USE ONLY

Disposition:

Order good thru 10/23/13
referred to med by

Provider's Signature:

[Signature]

Date:

10/17/13

Time:

8:30 PM



SICK CALL REQUEST

Check one: _____ Dental ☒ _____ Medical _____ Mental Health _____

Name: ROY L. MOORE SR. Inmate I.D. Number 853 403
(Print Name)

Social Security No. _____

Housing Unit: _____

Medical Problem (be specific): HEAD ACHE & EAR ACHE
FOR TWO DAYS

Inmate's Signature [Signature] Date: 10-9-13 Time: 9:45
FOR MEDICAL UNIT USE ONLY

Disposition: _____

Provider's Signature: _____ Date: _____ Time: _____



SICK CALL REQUEST

Check one: ☐ Dental ☐ Medical ☒ Mental Health

Name: ROY L MOORE SR. Inmate I.D. Number 853 403
(Print Name)

Social Security No. 168 58 3950

Housing Unit: 62 Cell 18

Medical Problem (be specific): REQUESTING TO SEE MR. GEE

TO DISCUSS ONGOING PSYCH ISSUES

ASAP Y PTSD PROBLEM HAS REOCCURED

SINCE TRAUMATIC INCIDENT ON 9-16-13

Inmate's Signature [Signature] Date: 9-25-13 Time: 2:50 PM

FOR MEDICAL UNIT USE ONLY

Disposition: _____

Provider's Signature: _____ Date: _____ Time: [Signature]



SICK CALL REQUEST

Check one:

Dental

☒ Medical

Mental Health

Name: TROY L. MOORE SR.

(Print Name)

Inmate I.D. Number 853 403

Social Security No. 168 58 3950

Housing Unit: 52 Cell 18

Medical Problem (be specific):

SHORTNESS OF BREATH, THROAT UP,
DRAWN, PAIN (FACIAL & ARMS) DUE TO EXPOSURE
OF RAW SKIN FOR SEVERAL HOURS

Inmate's Signature

Date: 9-17-13 Time: 1:15

FOR MEDICAL UNIT USE ONLY

Disposition:

Provider's Signature:

Date: 9/18/13

Time:



SICK CALL REQUEST

Check one:

☐ Dental

☒ Medical

☐ Mental Health

Name: ROY LAMONT MOORE SR. Inmate I.D. Number 853 403

(Print Name)

Social Security No. _____

Housing Unit: _____

Medical Problem (be specific):

NEED PRESCRIPTION FOR NARXOTIN
RENEWED AS SOON AS POSSIBLE, THANK YOU

Inmate's Signature _____
FOR MEDICAL UNIT USE ONLY

Date: 7-29-13 Time: 9:00 AM

Disposition: _____

Provider's Signature: _____

Date: _____ Time: _____

MR 10